	J
	١
	Ì
-	ì
	•
D	2
	>
	5
5	
Z	ı
	į
T	ı
•	į
	ì
K	í
3	'
Ų	l
-	•

	7)95	7	93	10	*			
RD				ocket Num					
	SMALL ENTITY			OTHER THAN					
	RATE	FEE	-	RATE	FEE	-			
	BASIC FEE	370.00	OR	BASIC FEE	740.00				
	X\$ 9=		OR	X\$18=	162-				
	X42=		OR	X84=	84.				
	+140=		OR	+280=					
_	TOTAL		OR	TOTAL	986	-			
	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9=		OR	X\$18=					
	X42=		OR	X84=					
	+140=		OR	+280=					
7	TOTAL DOIT FEE		OR.	TOTAL ADDIT, FEE					
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9=		, OR	X\$18=					
	X42=		OR	X84=					
	+140=		OR	+280=					
_	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE					
·									
T		ADDI-			ADDI-	1			

Effective October 1, 2001							45H-01-007					>
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TO	TOTAL CLAIMS 29			RAT	E	FEE	- 1	RATE	FEE			
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		20\minus 20= 1		* 9		X\$	9=		OR	X\$18=	162-	
INDEPENDENT CLAIMS		U minus 3 = 1		1			X42=		OR	X84=	84.	
MULTIPLE DEPENDENT CLAIM PRESENT				+14	<u> </u>			+280=	44.			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							•		OR	TOTAL	54/
,	1 1	LAIMS AS A					тот	AL.	لــــا	OR	OTHER	986 THAN
4	16/06	(Column 1)		/(Colu	mn 2)	(Column 3)	SMA	LLI	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	. 19	Minus	.**	\mathcal{O}	=	X\$) =		OR	X\$18=	
ME	Independent	.4	Minus	*** >	4	=	X42	<u>:</u> =		OR	X84=	
	FIRST PRESE	AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+14	n-		OR	+280=	
•	·. <u>·</u>)TAL	·		*0441	
	,	(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	FEE		JOH.	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA	PA*	ΓĒ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P P	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=	X4:	?=		OR	X84=	· ·
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	T CLAIM		+14	n_	·	OR	+280=	
							10	TAL		OR	TOTAL	
		(Caluma 4)		(Cale	ımn 2)	(Column 3)	ADDIT.			ION	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH	HEST			-	ADDI-	ì		ADDI-
NOMENT C		REMAINING AFTER AMENDMENT		PREV	MBER 10USLY D FOR	PRESENT EXTRA	RA	re .	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		-	X\$	9=		OR	X\$18=	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. OR ADDIT. FEE

Independent

OR

OR

X84=

+280=

TOTAL

X42=

+140=